

**DECLARATION AND
POWER OF ATTORNEY
FOR UTILITY OR DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration
Submitted
with Initial
Filing

OR

☐ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number ITR0060YP

First Named Inventor Steinkuhler, et al.

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYNTHETIC HEPARANASE MOLECULES AND USES THEREOF

(Title of the Invention)

the specification of which

☒ bears the Attorney Docket Number and Title of the Invention noted above

OR

☐ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent or inventor's certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Attorney Docket Number	Priority Claimed?	
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Attorney Docket Number
60/537,729	01/20/2004	ITR0060PV2
60/506,479	09/26/2003	ITR0060PV

DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information known to me to be material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Application Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
60/537,729	01/20/2004	
60/506,479	09/26/2003	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint, respectively and individually, as my attorney(s) or agent(s) with full power of substitution and revocation, the following registered practitioner(s) to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith:

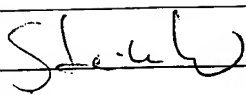
☐ Practitioners Associated with the Customer Number
OR
☒ Registered practitioner(s) named below

Name	Registration Number	Name	Registration Number
Alysia A. Finnegan	48,878	Joanne M. Giesser	32,838
Vineet Kohli	37,003	Joan E. Switzer	34,740
John David Reilly	43,039		

Direct all correspondence to: ☒ Customer Number


Name	Alysia A. Finnegan				
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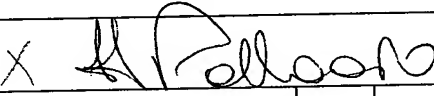
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

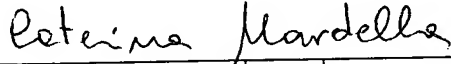
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])			Family Name or Surname		
Christian			Steinkuhler		
Inventor's Signature				Date	August 27, 2004
Residence: City	Pomezia	State	Roma	Country	Italy
				Citizenship	DE
Mailing Address	Istituto di Ricerche di Biologia Molecolare P. Angeletti, Via Pontina KM 30.600				
City	Pomezia, Rome	State		ZIP	00040
				Country	ITALY
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventors(s) sheet(s) PTO/SB/02A attached hereto.					

DECLARATION AND POWER OF ATTORNEY

ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Armin				Lahm			
Inventor's Signature				Date	August 27, 2004		
Residence: City	Pomezia	State	Roma	Country	Italy	Citizenship	DE
Mailing Address	Istituto di Ricerche di Biologia Molecolare P. Angeletti, Via Pontina KM 30.600						
City	Pomezia, Rome	State		ZIP	00040	Country	ITALY

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Michele				Pallaoro			
Inventor's Signature				Date	August 30, 2004		
Residence: City	Pomezia	State		Country	Italy	Citizenship	IT
Mailing Address	Istituto di Ricerche di Biologia Molecolare P. Angeletti, Via Pontina KM 30.600						
City	Pomezia, Rome	State		ZIP	00040	Country	ITALY

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Caterina				Nardella			
Inventor's Signature				Date	August 27, 2004		
Residence: City	Pomezia	State	Roma	Country	Italy	Citizenship	IT
Mailing Address	Istituto di Ricerche di Biologia Molecolare P. Angeletti, Via Pontina KM 30.600						
City	Pomezia, Rome	State		ZIP	00040	Country	ITALY

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Mailing Address							
City		State		ZIP		Country	